

110TH CONGRESS
1ST SESSION

H. R. 3812

To amend the Foreign Assistance Act of 1961 to assist countries in sub-Saharan Africa in the effort to achieve internationally recognized goals in the treatment and prevention of HIV/AIDS and other major diseases and the reduction of maternal and child mortality by improving human health care capacity and improving retention of medical health professionals in sub-Saharan Africa, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

OCTOBER 10, 2007

Ms. LEE (for herself, Mr. PAYNE, Mr. JACKSON of Illinois, Mr. McDERMOTT, Mr. SMITH of Washington, Mr. HINCHEY, Mr. RUSH, Mr. HONDA, Mr. GRIJALVA, Ms. MCCOLLUM of Minnesota, Ms. CARSON, Ms. WOOLSEY, Mr. BERMAN, Mr. DAVIS of Illinois, Mr. MCGOVERN, Mr. KUCINICH, Mr. COHEN, Ms. MOORE of Wisconsin, Ms. NORTON, Mr. FATTAH, Mr. BISHOP of Georgia, and Mr. SERRANO) introduced the following bill; which was referred to the Committee on Foreign Affairs

A BILL

To amend the Foreign Assistance Act of 1961 to assist countries in sub-Saharan Africa in the effort to achieve internationally recognized goals in the treatment and prevention of HIV/AIDS and other major diseases and the reduction of maternal and child mortality by improving human health care capacity and improving retention of medical health professionals in sub-Saharan Africa, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “African Health Capac-
5 ity Investment Act of 2007”.

6 **SEC. 2. DEFINITIONS.**

7 In this Act, the term “HIV/AIDS” has the meaning
8 given such term in section 104A(g) of the Foreign Assist-
9 ance Act of 1961 (22 U.S.C. 2151b–2(g)).

10 **SEC. 3. FINDINGS.**

11 Congress makes the following findings:

12 (1) The World Health Report, 2003, Shaping
13 the Future, states, “The most critical issue facing
14 health care systems is the shortage of people who
15 make them work.”.

16 (2) The World Health Report, 2006, Working
17 Together for Health, states, “The unmistakable im-
18 perative is to strengthen the workforce so that
19 health systems can tackle crippling diseases and
20 achieve national and global health goals. A strong
21 human infrastructure is fundamental to closing to-
22 day’s gap between health promise and health reality
23 and anticipating the health challenges of the 21st
24 century.”.

1 (3) The shortage of health personnel, including
2 doctors, nurses, pharmacists, counselors, laboratory
3 staff, paraprofessionals, and trained lay workers is
4 one of the leading obstacles to fighting HIV/AIDS in
5 sub-Saharan Africa.

6 (4) The HIV/AIDS pandemic aggravates the
7 shortage of health workers through loss of life and
8 illness among medical staff, unsafe working condi-
9 tions for medical personnel, and increased workloads
10 for diminished staff, while the shortage of health
11 personnel undermines efforts to prevent and provide
12 care and treatment for those with HIV/AIDS.

13 (5) Workforce constraints and inefficient man-
14 agement are limiting factors in the treatment of tu-
15 berculosis, which infects over $\frac{1}{3}$ of the global popu-
16 lation.

17 (6) Over 1,200,000 people die of malaria each
18 year. More than 75 percent of these deaths occur
19 among African children under the age of 5 years old
20 and the vast majority of these deaths are prevent-
21 able. The Malaria Initiative of President George W.
22 Bush seeks to reduce dramatically the disease bur-
23 den of malaria through both prevention and treat-
24 ment. Paraprofessionals and community
25 healthworkers can be instrumental in reducing mor-

1 tality and economic losses associated with malaria
2 and other health problems.

3 (7) For a woman in sub-Saharan Africa, the
4 lifetime risk of maternal death is 1 out of 16. In
5 highly developed countries, that risk is 1 out of
6 2,800. Increasing access to skilled birth attendants
7 and access to emergency obstetrical care is essential
8 to reducing maternal and newborn mortality in sub-
9 Saharan Africa.

10 (8) The Second Annual Report to Congress on
11 the progress of the President’s Emergency Plan for
12 AIDS Relief identifies the strengthening of essential
13 health care systems through health care networks
14 and infrastructure development as critical to the
15 sustainability of funded assistance by the United
16 States Government and states that “outside re-
17 sources for HIV/AIDS and other development efforts
18 must be focused on transformational initiatives that
19 are owned by host nations”. This report further
20 states, “Alongside efforts to support community ca-
21 pacity-building, enhancing the capacity of health
22 care and other systems is also crucial for sustain-
23 ability. Among the obstacles to these efforts in many
24 nations are inadequate human resources and capac-
25 ity, limited institutional capacity, and systemic

1 weaknesses in areas such as: quality assurance; fi-
2 nancial management and accounting; health net-
3 works and infrastructure; and commodity distribu-
4 tion and control.”.

5 (9) Vertical disease control programs represent
6 vital components of United States foreign assistance
7 policy, but human resources for health planning and
8 management often demands a more systematic ap-
9 proach.

10 (10) Implementation of capacity-building initia-
11 tives to promote more effective human resources
12 management and development may require an ex-
13 tended horizon to produce measurable results, but
14 such efforts are critical to fulfillment of many inter-
15 nationally recognized objectives in global health.

16 (11) The November 2005 report of the Working
17 Group on Global Health Partnerships for the High
18 Level Forum on the Health Millennium Development
19 Goals entitled “Best Practice Principles for Global
20 Health Partnership Activities at Country Level”,
21 raises the concern that the collective impact of var-
22 ious global health programs now risks “undermining
23 the sustainability of national development plans, dis-
24 torting national priorities, diverting scarce human
25 resources and/or establishing uncoordinated service

1 delivery structures” in developing countries. This
2 risk underscores the need to coordinate international
3 donor efforts for these vital programs with one an-
4 other and with recipient countries.

5 (12) The emigration of significant numbers of
6 trained health care professionals from sub-Saharan
7 African countries to the United States and other
8 wealthier countries exacerbates often severe short-
9 ages of health care workers, undermines economic
10 development efforts, and undercuts national and
11 international efforts to improve access to essential
12 health services in the region.

13 (13) Addressing this problem, commonly re-
14 ferred to as “brain drain”, will require increased in-
15 vestments in the health sector by sub-Saharan Afri-
16 can governments and by international partners seek-
17 ing to promote economic development and improve
18 health care and mortality outcomes in the region.

19 (14) Virtually every country in the world, in-
20 cluding the United States, is experiencing a shortage
21 of health workers. The Joint Learning Initiative on
22 Human Resources for Health and Development esti-
23 mates that the global shortage exceeds 4,000,000
24 workers. Shortages in sub-Saharan Africa, however,
25 are far more acute than in any other region of the

1 world. The World Health Report, 2006, states that
2 “[t]he exodus of skilled professionals in the midst of
3 so much unmet health need places Africa at the
4 epicentre of the global health workforce crisis.”.

5 (15) According to the United Nations Develop-
6 ment Programme, Human Development Report
7 2003, approximately 3 out of 4 countries in sub-Sa-
8 haran Africa have fewer than 20 physicians per
9 100,000 people, the minimum ratio recommended by
10 the World Health Organization, and 13 countries
11 have 5 or fewer physicians per 100,000 people.

12 (16) Nurses play particularly important roles in
13 sub-Saharan African health care systems, but ap-
14 proximately $\frac{1}{4}$ of sub-Saharan African countries
15 have fewer than 50 nurses per 100,000 people or
16 less than $\frac{1}{2}$ the staffing levels recommended by the
17 World Health Organization.

18 (17) Paraprofessionals and community health
19 workers can be trained more quickly than nurses or
20 doctors and are critically needed in sub-Saharan Af-
21 rica to meet immediate health care needs.

22 (18) Imbalances in the distribution of countries’
23 health workforces represents a global problem, but
24 the impact is particularly acute in sub-Saharan Afri-
25 ca.

1 (19) In Malawi, for example, more than 95 per-
2 cent of clinical officers are in urban health facilities,
3 and about 25 percent of nurses and 50 percent of
4 physicians are in the 4 central hospitals of Malawi.
5 Yet the population of Malawi is estimated to be 87
6 percent rural.

7 (20) In parts of sub-Saharan Africa, such as
8 Kenya, thousands of qualified health professionals
9 are employed outside the health care field or are un-
10 employed despite job openings in the health sector in
11 rural areas because poor working and living condi-
12 tions, including poor educational opportunities for
13 children, transportation, and salaries, make such
14 openings unattractive to candidates.

15 (21) The 2002 National Security Strategy of
16 the United States stated, “The scale of the public
17 health crisis in poor countries is enormous. In coun-
18 tries afflicted by epidemics and pandemics like HIV/
19 AIDS, malaria, and tuberculosis, growth and devel-
20 opment will be threatened until these scourges can
21 be contained. Resources from the developed world
22 are necessary but will be effective only with honest
23 governance, which supports prevention programs and
24 provides effective local infrastructure.”.

1 (22) Public health deficiencies in sub-Saharan
2 Africa and other parts of the developing world re-
3 duce global capacities to detect and respond to po-
4 tential crises, such as an avian flu pandemic.

5 (23) On September 28, 2005, Secretary of
6 State Condoleezza Rice declared that “HIV/AIDS is
7 not only a human tragedy of enormous magnitude;
8 it is also a threat to the stability of entire countries
9 and to the entire regions of the world.”.

10 (24) Foreign assistance by the United States
11 that expands local capacities, provides commodities
12 or training, or builds on and enhances community-
13 based and national programs and leadership can in-
14 crease the impact, efficiency, and sustainability of
15 funded efforts by the United States.

16 (25) African health care professionals immi-
17 grate to the United States for the same set of rea-
18 sons that have led millions of people to come to this
19 country, including the desire for freedom, for eco-
20 nomic opportunity, and for a better life for them-
21 selves and their children, and the rights and motiva-
22 tions of these individuals must be respected.

23 (26) Helping countries in sub-Saharan Africa
24 increase salaries and benefits of health care profes-
25 sionals, improve working conditions, including the

1 adoption of universal precautions against workplace
2 infection, improve management of health care sys-
3 tems and institutions, increase the capacity of health
4 training institutions, and expand education opportu-
5 nities will alleviate some of the pressures driving the
6 migration of health care personnel from sub-Saharan
7 Africa.

8 (27) While the scope of the problem of dire
9 shortfalls of personnel and inadequacies of infra-
10 structure in the sub-Saharan African health systems
11 is immense, effective and targeted interventions to
12 improve working conditions, management, and pro-
13 ductivity would yield significant dividends in im-
14 proved health care.

15 (28) Failure to address the shortage of health
16 care professionals and paraprofessionals, and the
17 factors pushing individuals to leave sub-Saharan Af-
18 rica will undermine the objectives of United States
19 development policy and will subvert opportunities to
20 achieve internationally recognized goals for the
21 treatment and prevention of HIV/AIDS and other
22 diseases, in the reduction of child and maternal mor-
23 tality, and for economic growth and development in
24 sub-Saharan Africa.

1 **SEC. 4. SENSE OF CONGRESS.**

2 It is the sense of Congress that—

3 (1) the United States should help sub-Saharan
4 African countries that have not already done so to
5 develop national human resource plans within the
6 context of comprehensive country health plans in-
7 volving a wide range of stakeholders;

8 (2) comprehensive, rather than piecemeal ap-
9 proaches to advance multiple sustainable interven-
10 tions will better enable countries to plan for the
11 number of health care workers they need, determine
12 whether they need to reorganize their health work-
13 force, integrate workforce planning into an overall
14 strategy to improve health system performance and
15 impact, better budget for health care spending, and
16 improve the delivery of health services in rural and
17 other underserved areas;

18 (3) in order to promote systemic, sustainable
19 change, the United States should seek, where pos-
20 sible, to strengthen existing national systems in sub-
21 Saharan African countries to improve national ca-
22 pacities in areas including fiscal management, train-
23 ing, recruiting and retention of health workers, dis-
24 tribution of resources, attention to rural areas, and
25 education;

1 (4) because foreign-funded efforts to fight HIV/
2 AIDS and other diseases may also draw health per-
3 sonnel away from the public sector in sub-Saharan
4 African countries, the policies and programs of the
5 United States should, where practicable, seek to
6 work with national and community-based health
7 structures and seek to promote the general welfare
8 and enhance infrastructures beyond the scope of a
9 single disease or condition;

10 (5) paraprofessionals and community-level
11 health workers can play a key role in prevention,
12 care, and treatment services, and in the more equi-
13 table and effective distribution of health resources,
14 and should be integrated into national health sys-
15 tems;

16 (6) given the current personnel shortages in
17 sub-Saharan Africa, paraprofessionals and commu-
18 nity health workers represent a critical potential
19 workforce in efforts to reduce the burdens of ma-
20 laria, tuberculosis, HIV/AIDS, and other deadly and
21 debilitating diseases;

22 (7) it is critically important that the govern-
23 ments of sub-Saharan African countries increase
24 their own investments in education and health care;

1 (8) international financial institutions have an
2 important role to play in the achievement of inter-
3 nationally agreed upon health goals, and in helping
4 countries strike the appropriate balance in encour-
5 aging effective public investments in the health and
6 education sectors, particularly as foreign assistance
7 in these areas scales up, and promoting macro-
8 economic stability;

9 (9) public-private partnerships are needed to
10 promote creative contracts, investments in sub-Saha-
11 ran African educational systems, codes of conduct
12 related to recruiting, and other mechanisms to al-
13 leviate the adverse impacts on sub-Saharan African
14 countries caused by the migration of health profes-
15 sionals;

16 (10) colleges and universities of the United
17 States, as well as other members of the private sec-
18 tor, can play a significant role in promoting training
19 in medicine and public health in sub-Saharan Africa
20 by establishing or supporting in-country programs in
21 sub-Saharan Africa through twinning programs with
22 educational institutions in sub-Saharan Africa or
23 through other in-country mechanisms;

24 (11) given the substantial numbers of African
25 immigrants to the United States working in the

1 health sector, the United States should enact and
2 implement measures to permit qualified aliens and
3 their family members that are legally present in the
4 United States to work temporarily as health care
5 professionals in developing countries; and

6 (12) the President, acting through the United
7 States Permanent Representative to the United Na-
8 tions, should exercise the voice and vote of the
9 United States—

10 (A) to ameliorate the adverse impact on
11 less developed countries of the migration of
12 health personnel;

13 (B) to promote voluntary codes of conduct
14 for recruiters of health personnel; and

15 (C) to promote respect for voluntary agree-
16 ments in which individuals, in exchange for in-
17 dividual educational assistance, have agreed ei-
18 ther to work in the health field in their home
19 countries for a given period of time or to repay
20 such assistance.

21 **SEC. 5. ASSISTANCE TO INCREASE HUMAN CAPACITY IN**
22 **THE HEALTH SECTOR IN SUB-SAHARAN AFRI-**
23 **CA.**

24 Chapter 1 of part I of the Foreign Assistance Act
25 of 1961 (22 U.S.C. 2151 et seq.) is amended—

1 (1) by redesignating the section 135 that was
2 added by section 5 of the Senator Paul Simon Water
3 for the Poor Act of 2005 (Public Law 109–121; 22
4 U.S.C. 2152h note) as section 136; and

5 (2) by adding at the end the following new sec-
6 tion:

7 **“SEC. 137. ASSISTANCE TO INCREASE HUMAN CAPACITY IN**
8 **THE HEALTH SECTOR IN SUB-SAHARAN AFRI-**
9 **CA.**

10 “(a) ASSISTANCE.—

11 “(1) AUTHORITY.—The President is authorized
12 to provide assistance, including providing assistance
13 through international or nongovernmental organiza-
14 tions, for programs in sub-Saharan Africa to im-
15 prove human health care capacity.

16 “(2) TYPES OF ASSISTANCE.—Such programs
17 should include assistance—

18 “(A) to provide financial and technical as-
19 sistance to sub-Saharan African countries in de-
20 veloping and implementing new or strengthened
21 comprehensive national health workforce plans;

22 “(B) to build and improve national and
23 local capacities and sustainable health systems
24 management in sub-Saharan African countries,

1 including financial, strategic, and technical as-
2 sistance for—

3 “(i) fiscal and health personnel man-
4 agement;

5 “(ii) health worker recruitment sys-
6 tems;

7 “(iii) the creation or improvement of
8 computerized health workforce databases
9 and other human resource information sys-
10 tems;

11 “(iv) implementation of measures to
12 reduce corruption in the health sector; and

13 “(v) monitoring, evaluation, and qual-
14 ity assurance in the health field, including
15 the utilization of national and district-level
16 mapping of health care systems to deter-
17 mine capacity to deliver health services;

18 “(C) to train and retain sufficient numbers
19 of health workers, including paraprofessionals
20 and community health workers, to provide es-
21 sential health services in sub-Saharan African
22 countries, including financing, strategic tech-
23 nical assistance for—

24 “(i) health worker safety and health
25 care, including HIV/AIDS prevention and

1 off-site testing and treatment programs for
2 health workers;

3 “(ii) increased capacity for training
4 health professionals and paraprofessionals
5 in such subjects as human resources plan-
6 ning and management, health program
7 management, and quality improvement;

8 “(iii) expanded access to secondary
9 level math and science education;

10 “(iv) expanded capacity for nursing
11 and medical schools in sub-Saharan Africa,
12 with particular attention to incentives or
13 mechanisms to encourage graduates to
14 work in the health sector in their country
15 of residence;

16 “(v) incentives and policies to increase
17 retention, including salary incentives;

18 “(vi) modern quality improvement
19 processes and practices;

20 “(vii) continuing education, distance
21 education, and career development oppor-
22 tunities for health workers;

23 “(viii) mechanisms to promote produc-
24 tivity within existing and expanding health
25 workforces; and

1 “(ix) achievement of minimum infra-
2 structure requirements for health facilities,
3 such as access to clean water;

4 “(D) to support sub-Saharan African
5 countries with financing, technical support, and
6 personnel, including paraprofessionals and com-
7 munity-based caregivers, to better meet the
8 health needs of rural and other underserved
9 populations by providing incentives to serve in
10 these areas, and to more equitably distribute
11 health professionals and paraprofessionals;

12 “(E) to support efforts to improve public
13 health capacities in sub-Saharan Africa through
14 education, leadership development, and other
15 mechanisms;

16 “(F) to provide technical assistance, equip-
17 ment, training, and supplies to assist in the im-
18 provement of health infrastructure in sub-Saha-
19 ran Africa;

20 “(G) to promote efforts to improve system-
21 atically human resource management and devel-
22 opment as a critical health and development
23 issue in coordination with specific disease con-
24 trol programs for sub-Saharan Africa; and

1 “(H) to establish a global clearinghouse or
2 similar mechanism for knowledge sharing re-
3 garding human resources for health, in con-
4 sultation, if helpful, with the Global Health
5 Workforce Alliance.

6 “(3) MONITORING AND EVALUATION.—

7 “(A) IN GENERAL.—The President shall
8 establish a monitoring and evaluation system to
9 measure the effectiveness of assistance by the
10 United States to improve human health care ca-
11 pacity in sub-Saharan Africa in order to maxi-
12 mize the sustainable development impact of as-
13 sistance authorized under this section and pur-
14 suant to the strategy required under subsection
15 (b).

16 “(B) REQUIREMENTS.—The monitoring
17 and evaluation system shall—

18 “(i) establish performance goals for
19 assistance provided under this section;

20 “(ii) establish performance indicators
21 to be used in measuring or assessing the
22 achievement of performance goals;

23 “(iii) provide a basis for recommenda-
24 tions for adjustments to the assistance to
25 enhance the impact of the assistance; and

1 “(iv) to the extent feasible, utilize and
2 support national monitoring and evaluation
3 systems, with the objective of improved
4 data collection without the imposition of
5 unnecessary new burdens.

6 “(b) STRATEGY OF THE UNITED STATES.—

7 “(1) REQUIREMENT FOR STRATEGY.—Not later
8 than 180 days after the date of the enactment of
9 this Act, the President shall develop and transmit to
10 the appropriate congressional committees a strategy
11 for coordinating, implementing, and monitoring as-
12 sistance programs for human health care capacity in
13 sub-Saharan Africa.

14 “(2) CONTENT.—The strategy required by
15 paragraph (1) shall include—

16 “(A) a description of a coordinated strat-
17 egy, including coordination among agencies and
18 departments of the Federal Government with
19 other bilateral and multilateral donors, to pro-
20 vide the assistance authorized in subsection (a);

21 “(B) a description of a coordinated strat-
22 egy to consult with sub-Saharan African coun-
23 tries and the African Union on how best to ad-
24 vance the goals of this Act; and

1 “(C) an analysis of how international fi-
2 nancial institutions can most effectively assist
3 countries in their efforts to expand and better
4 direct public spending in the health and edu-
5 cation sectors in tandem with the anticipated
6 scale up of international assistance to combat
7 HIV/AIDS and other health challenges, while
8 simultaneously helping these countries maintain
9 prudent fiscal balance.

10 “(3) FOCUS OF ANALYSIS.—The analysis de-
11 scribed in paragraph (2)(C) should focus on 2 or 3
12 selected countries in sub-Saharan Africa, including,
13 if practical, 1 focus country as designated under the
14 President’s Emergency Plan for AIDS Relief (au-
15 thorized by the United States Leadership Against
16 Global HIV/AIDS, Tuberculosis, and Malaria Act of
17 2003 (Public Law 108–25)) and 1 country without
18 such a designation.

19 “(4) CONSULTATION.—The President is encour-
20 aged to develop the strategy required under para-
21 graph (1) in consultation with the Secretary of
22 State, the Administrator for the United States
23 Agency for International Development, including em-
24 ployees of its field missions, the Global HIV/AIDS
25 Coordinator, the Chief Executive Officer of the Mil-

1 lennium Challenge Corporation, the Secretary of the
2 Treasury, the Director of the Bureau of Citizenship
3 and Immigration Services, the Director of the Cen-
4 ters for Disease Control and Prevention, and other
5 relevant agencies to ensure coordination within the
6 Federal Government.

7 “(5) COORDINATION.—To ensure coordination
8 with national strategies and objectives and other
9 international efforts, the President should develop
10 the strategy described in paragraph (1) by con-
11 sulting appropriate officials of the United States
12 Government and by coordinating with the following:

13 “(A) Other donors.

14 “(B) Implementers.

15 “(C) International agencies.

16 “(D) Nongovernmental organizations work-
17 ing to increase human health capacity in sub-
18 Saharan Africa.

19 “(E) The World Bank.

20 “(F) The International Monetary Fund.

21 “(G) The Global Fund to Fight AIDS, Tu-
22 berculosis, and Malaria.

23 “(H) The World Health Organization.

24 “(I) The International Labour Organiza-
25 tion.

1 “(J) The United Nations Development
2 Programme.

3 “(K) The United Nations Programme on
4 HIV/AIDS.

5 “(L) The European Union.

6 “(M) The African Union.

7 “(c) REPORT.—

8 “(1) IN GENERAL.—Not later than 1 year after
9 the date on which the President submits the strategy
10 required in subsection (b), the President shall sub-
11 mit to the appropriate congressional committees a
12 report on the implementation of this section.

13 “(2) ASSESSMENT OF MECHANISMS FOR
14 KNOWLEDGE SHARING.—The report described in
15 paragraph (1) shall be accompanied by a document
16 assessing best practices and other mechanisms for
17 knowledge sharing about human resources for health
18 and capacity building efforts to be shared with gov-
19 ernments of developing countries and others seeking
20 to promote improvements in human resources for
21 health and capacity building.

22 “(3) FOLLOW-UP REPORT.—Not later than 3
23 years after the date on which the President submits
24 the strategy required in subsection (b), the president
25 shall submit to the appropriate congressional com-

1 mittees a further report on the implementation of
2 this section.

3 “(d) DEFINITIONS.—In this section:

4 “(1) APPROPRIATE CONGRESSIONAL COMMIT-
5 TEES.—The term ‘appropriate congressional com-
6 mittees’ means the Committee on Foreign Relations
7 and the Committee on Appropriations of the Senate
8 and the Committee on Foreign Affairs and the Com-
9 mittee on Appropriations of the House of Represent-
10 atives.

11 “(2) BRAIN DRAIN.—The term ‘brain drain’
12 means the emigration of a significant proportion of
13 a country’s professionals working in the health field
14 to wealthier countries, with a resulting loss of per-
15 sonnel and often a loss in investment in education
16 and training for the countries experiencing the emi-
17 gration.

18 “(3) HEALTH PROFESSIONAL.—The term
19 ‘health professional’ means a person whose occupa-
20 tion or training helps to identify, prevent, or treat
21 illness or disability.

22 “(4) HIV/AIDS.—The term ‘HIV/AIDS’ has
23 the meaning given such term in section 104A(g) of
24 this Act.

1 “(5) PARAPROFESSIONAL.—The term ‘para-
 2 professional’ means an individual who is trained and
 3 employed as a health agent for the provision of basic
 4 assistance in the identification, prevention, or treat-
 5 ment of illness or disability.

6 “(6) COMMUNITY HEALTH WORKERS.—The
 7 term ‘community health worker’ means a community
 8 based caregiver who has received instruction and is
 9 employed to provide basic health services in specific
 10 catchment areas, most often the areas where they
 11 themselves live.

12 “(e) AUTHORIZATION OF APPROPRIATIONS.—

13 “(1) IN GENERAL.—There are authorized to be
 14 appropriated to the President to carry out the provi-
 15 sions of this section—

16 “(A) \$150,000,000 for fiscal year 2008;

17 “(B) \$200,000,000 for fiscal year 2009;

18 and

19 “(C) \$250,000,000 for fiscal year 2010.

20 “(2) AVAILABILITY OF FUNDS.—Amounts made
 21 available under paragraph (1) are authorized to re-
 22 main available until expended and are in addition to
 23 amounts otherwise made available for the purpose of
 24 carrying out this section.”.

○